

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10519</u>	2 Fiscal Year Covered From <u>Calendar</u> <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Steve</u> <u>Pendergrass</u> P O Box Bldg Room No if any Street <u>4550 S 134th Pl #102</u> City <u>tukwila</u> State <u>Washington</u> ZIP Code + 4 <u>98168</u>	4 Name file number and address of labor organization Name <u>Iron Workers Local #86</u> Labor Organization File Number <u>015-685</u> P O Box Building and Room Number if any Street <u>4550 S 131th Pl #102</u> City <u>tukwila</u> State <u>Washington</u> ZIP Code + 4 <u>98168</u>
5 Position in labor organization <u>Financial Secretary/Business Mgr</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Steve Pendergrass</u>	On <u>4-10-06</u> Date	<u>206-248-4246</u> Telephone Number

Name of Person Filing Steve Pendergrass	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Steve Pendergrass Trade Name if any Iron Workers Local #86 P O Box Bldg Room No if any Street 4550 S 134th Pl #102 City tukwila State Washington ZIP Code + 4 98168	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Northwest Ironworkers Trusts Trade Name if any P O Box Bldg Room No if any PO Box 34203 Street 2815 Second Ave City Seattle State Washington ZIP Code + 4 98168	11 a Nature of such dealing <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 11 b Approximate dollar value of such dealing <div style="border: 1px solid black; width: 100%;"></div> 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px;">I hold office of Trustee for the Northwest Ironworkers Trust Fund these are expenses incurred while on Trust Business at the Benefit Foundation Meetings Trustee Training and various Trust meetings</div> 12 b Amount <div style="border: 1px solid black; width: 100%; text-align: right;">\$1 336</div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div> 14 b Amount of payment <div style="border: 1px solid black; width: 100%;"></div>